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Image# 15970129984

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3 For An	Authorized Com	mittee			Office Use Only
NAME OF TYPE OR PR COMMITTEE (in full)	·	ample: If typin er the lines.	g, type	12FE4M5	
FRIENDS OF STEWART MILLS	, INC.				
<u> </u>					
DO DOY 10					
ADDRESS (number and street)	39				
Check if different					
than previously reported. (ACC)				MN5	66401
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00546739	3. IS THIS REPORT	× NEW (N)	OR	AMENDI (A)	
4. TYPE OF REPORT (Choose One)	"				
(a) Quarterly Reports:	(b) 12-Day PRE	-Election Repo	ort for the:		
April 15 Quarterly Report (Q1)	Ш	Primary (12P)		General (12	2G) Runoff (12R)
		Convention (12C)	Special (12	2S)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)		M M /	D D /	Y " Y " Y " Y	in the
	Election on				State of
X January 31 Year-End Report (YE)	(c) 30-Day POS	T -Election Rep	oort for the:		
_	Ш	General (30G)	Runoff (301	R) Special (30S)
Termination Report (TER)	Election on	M M /	D D /	Y " Y " Y " Y	in the State of
5. Covering Period 11 25	/ Y Y Y Y Y 2014	through	M M 12	31	2014
I certify that I have examined this Report and	to the best of my kn	owledge and i	belief it is tru	ue, correct and	complete.
Type or Print Name of Treasurer Diane John	ison				
Signature of Treasurer Diane Johnson		[Electronically 1	Filed] D	ate 01	29 / 2015
NOTE: Submission of false, erroneous, or incom	plete information may	subject the per	son signing tl	his Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

2014

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2014

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

FRIENDS OF STEWART MILLS, INC.

11

25

Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 85.00 1634345.39 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 2500.00 (from Line 20(d)) (c) Net Contributions (other than loans) 85.00 1631845.39 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 14556.91 2022269.75 (from Line 17) (b) Total Offsets to Operating 231.03 200.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 14325.88 2022069.75 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 297.68 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 360000.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts PAGE 3 / 18 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF STEWART MILLS, INC.

25 2014 12 31 2014 11 Report Covering the Period: From: To:

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
1. CONTRIBUTIONS (other than loans) FROM	l:			
(a) Individuals/Persons Other Than Political Committees				
(i) Itemized (use Schedule A)	0.00	925246.50		
(ii) Unitemized	85.00	345048.89		
(iii) TOTAL of contributions from individuals	85.00	1270295.39		
(b) Political Party Committees	0.00	6600.00		
(c) Other Political Committees (such as PACs)	0.00	357450.00		
(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00		
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	85.00	1634345.39		
2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	1630.46	77626.85		
3. LOANS:				
(a) Made or Guaranteed by the Candidate	0.00	364450.87		
(b) All Other Loans	0.00	0.00		
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	364450.87		
4. OFFSETS TO OPERATING				
EXPENDITURES (Refunds, Rebates, etc.)	231.03	200.00		
5. OTHER RECEIPTS (Dividends, Interest, etc.)	1.49	2286.69		
6. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	1947.98	2078909.80		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	S	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURE	S	14556.91	2022269.75
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	S	0.00	0.00
19.	LOAN REPAYMENTS:			
	(a) Of Loans Made or Guaby the Candidate		0.00	4450.87
	(b) Of All Other Loans		0.00	0.00
	(c) TOTAL LOAN REPAYM (add Lines 19(a) and (b		0.00	4450.87
20.	REFUNDS OF CONTRIBUTI	ONS TO:		
	(a) Individuals/Persons Oth Than Political Committee		0.00	1000.00
			0.00	0.00
	(b) Political Party Committee(c) Other Political Committee		0.00	0.00
	(such as PACs)		0.00	1500.00
	(d) TOTAL CONTRIBUTION (add Lines 20(a), (b), ar		0.00	2500.00
21.	OTHER DISBURSEMENTS.		0.00	1500.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	14556.91	2030720.62
		III. CASH SUMMARY		
23.	CASH ON HAND AT BEGIN	INING OF REPORTING PER	IOD	12906.61
24	TOTAL RECEIPTS THIS PER	RIOD (from Line 16, page 3))	1947.98
25.	SUBTOTAL (add Line 23 an	d Line 24)		14854.59
26.	TOTAL DISBURSEMENTS T	HIS PERIOD (from Line 22).		14556.91
		- (= ==).		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	NU	MBER:	PAGE	5	OF	18
(che	ck only	or	ne)				
	11a		11b	11c	11	d	
X	12		13a	13b	14	ļ.	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. Full Name (Last, First, Middle Initial) Lakes Area Victory Fund Date of Receipt Mailing Address 2470 Daniells Br Rd #121 2014 25 City State Zip Code Transaction ID: SA12.4164 GΑ 30606 Athens FEC ID number of contributing Amount of Each Receipt this Period C00566745 federal political committee. 880.46 Name of Employer Occupation Transfer from JFC Receipt For: 2014 Election Cycle-to-Date Primary X General 880.46 Other (specify) Full Name (Last, First, Middle Initial) MINNESOTA CONGRESSIONAL VICTORY FUND Date of Receipt Mailing Address 2470 DANIELLS BR RD STE 121 25 2014 City State Zip Code Transaction ID: SA12.4137 **ATHENS** GΑ 30606 FEC ID number of contributing C C00558742 Amount of Each Receipt this Period federal political committee. 750.00 Name of Employer Occupation Transfer from JFC Receipt For: 2014 Election Cycle-to-Date Primary Meneral Control 750.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 1630.46 SUBTOTAL of Receipts This Page (optional)..... 1630.46 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 6 18 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. Full Name (Last, First, Middle Initial) Date of Disbursement ASPECT CONSULTING LLC 2014 Mailing Address 8401 EXCELSIOR DRIVE 12 02 City State Zip Code Amount of Each Disbursement this Period WI MADISON 53717 Purpose of Disbursement 2000.00 Compliance Consulting Transaction ID: SB17.4120 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) CAMPAIGN STORE Date of Disbursement Mailing Address 1760 W SEQUOIA VISTA CIR 29 2014 11 City State Zip Code Amount of Each Disbursement this Period UT 84104 SALT LAKE CITY Purpose of Disbursement 166.00 Credit Card Processing Fee Transaction ID: SB17.4117 Candidate Name Category/ Type Disbursement For: Office Sought: House 2014 X General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. CONNECTIVIST MEDIA Mailing Address 544 E OGDEN AVENUE 2014 18 City State Zip Code Amount of Each Disbursement this Period **MILWAUKEE** WI 53202 7748.71 Purpose of Disbursement Online Ads Transaction ID : SB17.4128 Candidate Name Category/ Type Office Sought: Disbursement For: 2014 House X General Senate Primary President Other (specify) State: District: 9914.71

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

	FOR LINE	NUMBER	R:	PAGE	7	OF	18
Use separate schedule(s)	(check only						
for each category of the	X	17	18		19a		19b
Detailed Summary Page		20a	20b		20c		21
ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.							

TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	ne l	neck only one) X 17
Any information copied from such Reports and Statements n or for commercial purposes, other than using the name and			son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC.			
Full Name (Last, First, Middle Initial) A. FP1 STRATEGIES LLC Mailing Address PO BOX 16504			Date of Disbursement 12 28 2014
City State	Zip Code		Amount of Each Disbursement this Period
ALEXANDRIA VA Purpose of Disbursement Media Consulting	22302		4000.00 Transaction ID : SB17.4138
Candidate Name		ategory/ Type	Transaction is 1 05 m. 4100
Office Sought: House Senate President State: Disbursement For Primary Other (s	General		
Full Name (Last, First, Middle Initial) ISTREAM Mailing Address			Date of Disbursement
Mailing Address 13555 BISHOPS COURT City State	Zip Code		12 03 2014
BROOKFIELD WI Purpose of Disbursement Check Processing Fee	53005		Amount of Each Disbursement this Period 28.00
Candidate Name		ategory/ Type	Transaction ID : SB17.4123
Office Sought: House Senate President Disbursement For Primary Other (s	: 2014 General		
State: District: Full Name (Last, First, Middle Initial)			
PIRYX			Date of Disbursement
Mailing Address 144 2ND STREET 1ST FLOOR State 7	p Code		12 15 2014
SAN FRANCISCO CA 5 Purpose of Disbursement	64105		Amount of Each Disbursement this Period 29.00
Credit Card Processing Fee Candidate Name		ategory/	Transaction ID : SB17.4125
Office Sought: House Disbursement Formary	: 2014 General	Туре	
SUBTOTAL of Disbursements This Page (optional)			4057.00
TOTAL This Period (last page this line number only)			

maye# 13370123331			
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) (c of the	OR LINE NUMBER: PAGE 8 OF 18 check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC.			
Full Name (Last, First, Middle Initial) A. PIRYX Mailing Address 144 2ND STREET			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State SAN FRANCISCO CA Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Disbursement F Senate Prima	ry Seneral	Category/ Type	Amount of Each Disbursement this Period 29.00 Transaction ID: SB17.4127
State: District: Full Name (Last, First, Middle Initial) TARGETED VICTORY Mailing Address 1033 N FAIRFAX ST #400	(specify)		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Category/ Type	Amount of Each Disbursement this Period 462.80 Transaction ID: SB17.4121
State: District: Full Name (Last, First, Middle Initial) US BANK Mailing Address 320 S 6th Street City State Brainerd MN Purpose of Disbursement Bank Fee Candidate Name	Zip Code 56401	Category/	Date of Disbursement M M M / D D / Y Y Y Y 11 30 2014 Amount of Each Disbursement this Period 60.45 Transaction ID: SB17.4169
Office Sought: House		Туре	

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

552.25

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER:				AGE	9	OF	18
Use separate schedule(s)	(check on	ly one)						
for each category of the Detailed Summary Page	X	17		18		19a		19b
		20a	2	20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. Full Name (Last, First, Middle Initial) Date of Disbursement US BANK 2014 Mailing Address 320 S 6th Street 12 Zip Code City State Amount of Each Disbursement this Period MN **Brainerd** 56401 Purpose of Disbursement 32.95 Bank Fee Transaction ID: SB17.4170 Candidate Name Category/ Type 2014 Office Sought: House Disbursement For: Senate Primary ✓ General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House Senate General Primary President Other (specify) State: District: 32.95 SUBTOTAL of Disbursements This Page (optional)..... 14556.91

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4104 NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary STEWART C. MILLS III General Mailing Address Other (specify) ullet22849 OLD GOVERNMENT TRAIL State ZIP Code City MN 56468 **NISSWA** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 47230.00 4450.87 42779.13 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D16^D ^M06^M ž014 0.00 12/31/2018 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 42779.13 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4106 NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary STEWART C. MILLS III General Mailing Address Other (specify) ullet22849 OLD GOVERNMENT TRAIL State ZIP Code City MN 56468 **NISSWA** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 36000.00 0.00 36000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 ^M06^M ž014 0.00 12/31/18 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 36000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4110 NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary STEWART C. MILLS III General Mailing Address Other (specify) ullet22849 OLD GOVERNMENT TRAIL State ZIP Code City MN 56468 **NISSWA** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 46000.00 0.00 46000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M ^D22 ž014 0.00 1/1/16 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 46000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4107 NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary STEWART C. MILLS III General Mailing Address Other (specify) ullet22849 OLD GOVERNMENT TRAIL State ZIP Code City MN 56468 **NISSWA** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 82270.00 0.00 82270.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 08^M ^D 11 ž014 0.00 1/1/16 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 82270.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4108 NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary STEWART C. MILLS III ★ General Mailing Address Other (specify) \blacktriangledown 22849 OLD GOVERNMENT TRAIL State ZIP Code City MN 56468 **NISSWA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 10^M 06 ž014 0.00 1/1/16 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 50000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

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for each category of the (check only one) Detailed Summary Page Transaction ID: SC/10.4109 NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary STEWART C. MILLS III ★ General Mailing Address Other (specify) \blacktriangledown 22849 OLD GOVERNMENT TRAIL State ZIP Code City MN 56468 **NISSWA** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 10^M ž014 0.00 1/1/16 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

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for each category of the **X** 13a (check only one) Detailed Summary Page 13b Transaction ID: SC/10.4102 NAME OF COMMITTEE (In Full) FRIENDS OF STEWART MILLS, INC. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary STEWART C. MILLS III General Mailing Address Other (specify) \blacktriangledown 22849 OLD GOVERNMENT TRAIL State ZIP Code City MN 56468 **NISSWA** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 77950.87 0.00 77950.87 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 10^M ^D22 ž014 0.00 12/31/16 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 77950.87 TOTALS This Period (last page in this line only) 360000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 17 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

18

NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS INC.

H	RIENDS OF STEWAR	KT MIL	LS, INC.			
	A. Full Name (Last, First, Middle Initial) of Debtor ASPECT CONSULTING LLC	r or Creditor		Nature of Debt (Purpose): Compliance Consulting - Primary 2014		
	Mailing Address 8401 EXCELSIOR DRIVE					
Ī	City State MADISON	Zip Code WI	53717			
	Outstanding Balance Beginning This Period 2000.00			Transaction ID : SD10.4111		
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
	0.00		2000.00	0.00		
	B. Full Name (Last, First, Middle Initial) of Debtor CONNECTIVIST MEDIA	or Creditor		Nature of Debt (Purpose): Online Ads - General 2014		
	Mailing Address 544 E OGDEN AVENUE					
	City State MILWAUKEE	Zip Code WI	53202			
	Outstanding Balance Beginning This Period 7748.71 Amount Incurred This Period 0.00	Pay	ment This Period 7748.71	Transaction ID : SD10.4113 Outstanding Balance at Close of This Period 0.00		
	C. Full Name (Last, First, Middle Initial) of Debtor FP1 STRATEGIES LLC	r or Creditor		Nature of Debt (Purpose): Media Consulting - Primary 2014		
	Mailing Address PO BOX 16504					
	City ALEXANDRIA	State VA	Zip Code 22302			
	Outstanding Balance Beginning This Period 7000.00	D.	and This Bailed	Transaction ID : SD10.4115		
	Amount Incurred This Period 0.00	Fay	ment This Period 4000.00	Outstanding Balance at Close of This Period 0.00		
1)	SUBTOTALS This Period This Page (optional)			0.00		
2)	TOTALS This Period (last page this line number	0.00				
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4)) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					

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: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SD10 Transaction ID: SD10.4115

(Current loan amount of 3000.00 from a balance of 7000.00 has been forgiven)

Form/Schedule: Transaction ID: